

U.S. Department of Justice  
United States Marshals Service

IN CLERKS OFFICE

## PROCESS RECEIPT AND RETURN

2014 NOV 7 PM 3 14 *See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF United States of America	U.S. DISTRICT COURT DISTRICT OF MASS.	COURT CASE NUMBER CR 12-10226-DJC
DEFENDANT Tamara Kosta, et al.		TYPE OF PROCESS Preliminary Order of Forfeiture

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	Jonathan Wheaton ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 339 S Princeton Road, Alexander, ME 04694

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Doreen M. Rachal, Assistant U.S. Attorney  
United States Attorney's Office  
John Joseph Moakley United States Courthouse  
1 Courthouse Way, Suite 9200  
Boston, MA 02210

Number of process to be  
served with this Form 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.

2014 SEP 15 P 2 07

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Please serve the attached Preliminary Order of Forfeiture upon the above-referenced individual by certified mail, return receipt requested.

CATS ID 124000794

JLJ x 3297

Signature of Attorney, other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(617) 748-3100

DATE

9/12/14

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 38	District to Serve No. 36	Signature of Authorized USMS Deputy or Clerk <i>AMA</i>	Date 9/15/14
---	---------------	------------------------------	-----------------------------	--	-----------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 10/7/14	Time 0930	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
-----------------	--------------	---

Signature of U.S. Marshal or Deputy

*San J. Dush*

Service Fee 65	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00 65.00
-------------------	---	----------------	---------------	------------------	---


REMARKS: 9/15/14 PWD to D/ME

3218  
32

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JONATHAN WHEATON</u> C. Date of Delivery <u>9-30-14</u></p>
<p>1. Article Addressed to:</p> <p><u>Mr. Jonathan Wheaton</u>  <u>339 S. Princeton Rd.</u>  <u>Alexander, ME</u>  <u>04694</u></p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p><u>7002 0510 0003 3314 3299</u></p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>